PAGE 1 / 17

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

Protecting Choice in California, a project of Planned Parenthood Affiliates of California ADDRESS (number and street) Check if different than previously reported. (ACC) Sacramento C C C00556880 3. IS THIS REPORT (N) OR AMENDED (ACC) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Coctober 15 Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) January 31 Year-Enection Report (PP) July 31 Mid-Year Report (N) Report (Non-election Pear (PP) Year-Enection Report (Q3) January 31 Year-Enection Report (C1) July 31 Mid-Year Report (Non-election Pear		For Other Than An Au	thorized Committee	Office Use Only
ADDRESS (number and street) Check if different than previously reported. (ACC) Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER C C C00556880 3. IS THIS REPORT (N) OR AMENDED (A. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (O1) July 15 Quarterly Report (O2) Colobor 15 Quarterly Report (O2) Colobor 15 Quarterly Report (O2) Verification Report (PE) July 1 Michael Report (PE) July 2 Michael Report (PE) July 1 Michael Report (PE) July 2 Michael Report (PE) July 2 Michael Report (TYPE OR PRINT ▼		12FE4M5
Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER C C00556860 3. IS THIS REPORT (Choose One) (a) Quarterly Report (Choose One) April 15 Quarterly Report (C1) July 15 Quarterly Report (C2) October 15 Quarterly Report (C3) January 31 Value-Enciction Report Non-election Year Only (MY) Tormination Report (TER) Tormination Report (TER) C Covering Period O T / 01 / 2016 Through	Protecting Choice in (California, a project of	f Planned Parenthood	Affiliates of California
Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER C C00556860 3. IS THIS REPORT (Choose One) (a) Quarterly Report (Choose One) April 15 Quarterly Report (C1) July 15 Quarterly Report (C2) October 15 Quarterly Report (C3) January 31 Value-Enciction Report Non-election Year Only (MY) Tormination Report (TER) Tormination Report (TER) C Covering Period O T / 01 / 2016 Through		<u> </u>		
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Teported. (ACC) 2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ C C00556860 3. IS THIS REPORT X (N) OR AMENDED (A) 4. TYPE OF REPORT (D) Monthly Report (Choose One) (B) May 20 (M5) Aug 20 (M6) Report (M7) Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M10) D	▼ Check if different			
A. TYPE OF REPORT (Choose One) (a) Quarterly Report (Choose One) April 15 Quarterly Report (Q2) X Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (Q3) January 31 Year-End Report (PE) July 13 Mid-Vear Report (Non-relection Perind (Perind One) Termination Report (PE) Terminatio		Sacramento		CA 95814 – L L L L L L L L L L L L L L L L L L
4. TYPE OF REPORT (D) Monthly Report (Choose One) (a) Quarterly Reports: April 15	2. FEC IDENTIFICATION N	IUMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
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July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Covering Period Tocrtify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Signature of Treasurer Signature of Treasurer Signature of Treasurer MTM PRE-Election Report (Non-election Report for the: Convention (12C) Special (12S) Renort (12H) PRE-Election Report (12H) Re		(Q1)		
Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Covering Period O7 O1 Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Sandoval, Ana, , , [Electronically Filed] Date Office Use FEC FORM 3X Rev. 05/2016	July 15	(Q2) PRE-Election		
January 31 Year-End Report (YE) July 31 Mid-Vear Report (Non-election Year Only) (MY) POST-Election Report for the: Termination Report (TER)		·		
Report (Non-election Year Only) (MY) Termination Report (TER) POST-Election Report for the: Election on Election on Report for the: Election on Fermination Report in the State of State of Covering Period Termination Report of Treasurer For a sundoval, Ana, , , [Electronically Filed] For a sundoval, Ana, , , Fermination Report in the State of Fermination Report In the Sta		(YE) Electi		iii tiic
Termination Report (TER) Election on Election on Election on Election on Election on In the State of State of Covering Period To order this Report and to the best of my knowledge and belief it is true, correct and complete. Sandoval, Ana, , , Type or Print Name of Treasurer Signature of Treasurer FEC FORM 3X Rev. 05/2016	Report (Non-electi	POST-Election	General (30G)	Runoff (30R) Special (30S)
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Sandoval, Ana, , , Signature of Treasurer Sandoval, Ana, , , [Electronically Filed] Date Office Use Description: Use Description: Use Office Use Description: Use Otherwise through Ot		rt .	/	iii tiie
Sandoval, Ana, , , Type or Print Name of Treasurer Sandoval, Ana, , , [Electronically Filed] Date Month of Treasurer Sandoval, Ana, , , [Electronically Filed] Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 3010s Office Use FEC FORM 3X Rev. 05/2016	5. Covering Period			
Type or Print Name of Treasurer Sandoval, Ana, , , [Electronically Filed] Date MM M 10 14 2016 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30108 Office Use FEC FORM 3X Rev. 05/2016	I certify that I have examined t		of my knowledge and belief it i	s true, correct and complete.
Signature of Treasurer [Electronically Filed] Date 10 14 2016 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30108 Office Use FEC FORM 3X Rev. 05/2016	Type or Print Name of Treasur	Sandoval, Ana, , , er		
Office Use FEC FORM 3X Rev. 05/2016	Signature of Treasurer	doval, Ana, , ,	[Electronically Filed]	
Use Use Rev. 05/2016	NOTE: Submission of false, erro	neous, or incomplete information	on may subject the person signi	ng this Report to the penalties of 52 U.S.C. § 3010
	Use			

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

07 01 2016 09 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 121477.43 January 1. 2016 (b) Cash on Hand at 134758.65 Beginning of Reporting Period..... 71419.63 86169.63 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 207647.06 206178.28 6(a) and 6(c) for Column B)..... 7727.43 9196.21 7. Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 198450.85 198450.85 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 3826.68 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
ntributions (other than loans) From:	Total Time Totalea	
Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	39231.70	39231.70
_		
(ii) Unitemized	0.00	0.00
		20024 70
Lines 11(a)(i) and (ii)▶	39231.70	39231.70
Bellinet Barta Consulting	0.00	0.00
	0.00	4 4
	26187.93	40937.93
	7	4
	65419.63	80169.63
	4 4	4
	0.00	0.00
,	4 4	
Loans Received	0.00	0.00
	7-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-	
an Repayments Received	0.00	0.00
	7 7	4 4
The state of the s	0.00	0.00
	4 4	45 45
Federal Candidates and Other		
litical Committees	0.00	0.00
ner Federal Receipts		
vidends, Interest, etc.)	6000.00	6000.00
(from Schedule H3)	0.00	0.00
Levin Funds (from Schedule H5)	0.00	0.00
Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Than Political Committees (i) Itemized (use Schedule A)	Than Political Committees (i) Itemized (use Schedule A)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	365.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	365.01
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
. Independent Expenditures (use Schedule E)	1112.81	1958.53
5. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	
· ·	4 4	0.00
. Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including Non-Federal Donations)	6614.62	6872.67
D. Federal Election Activity (52 U.S.C. § 30101(20) (a) Allocated Federal Election Activity (from Schedule H6)	4 4	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7727.43	9196.21
. Total Federal Disbursements	1121.43	3130.21
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	7707 40	
HOITI LINE 31)	7727.43	9196.21

38. Net Operating Expenditures

(subtract Line 37 from Line 36)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)

of Disbursements

Page 5 01 .00 0.00 365.01

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
33. Total Contributions (other than loans) (from Line 11(d), page 3)	65419.63	80169.63				
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	65419.63	80169.63				
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	365.0				
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00				

Use separate schedule(s) for each category of the Detailed Summary Page

FC	R	LINE	NU	MBER	:	PAGE	6	OF	17
(cł	ne	ck only	or	ne)					
[X	11a		11b		11c	12	2	
		13		14		15	16	6	17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties, Inc Date of Receipt Mailing Address 518 Garden Street 2016 City Zip Code State Transaction ID: INCA818 CA Santa Barbara 93101 Amount of Each Receipt this Period FEC ID number of contributing C 2417.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 2417.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Planned Parenthood Advocates Mar Monte Date of Receipt Mailing Address 1691 The Alameda 09 2016 City State Zip Code Transaction ID: INCA827 CA San Jose 95126 Amount of Each Receipt this Period FEC ID number of contributing 30529.78 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 30529.78 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Planned Parenthood Advocates Pasadena and San Gabriel Valley Date of Receipt Mailing Address 2333 North Lake Avenue, 2nd Floor 30 2016 City Zip Code State Transaction ID: INCA828 CA Altadena 91001 Amount of Each Receipt this Period FEC ID number of contributing 6284.92 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 6284.92 Other (specify) 39231.70 SUBTOTAL of Receipts This Page (optional)..... 39231.70 TOTAL This Period (last page this line number only).....

mage# 201610149032533333			
SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule for each category of the Detailed Summary Pag	ne Tata Tata Ta
			any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Protecting Choice in California			
Full Name of Individual (Last, First, Middle Planned Parenthood Central Coast A			Date of Receipt
Mailing Address 518 Garden Street			09 22 2016
City	State	Zip Code	Transaction ID : INCA819
Santa Barbara	CA	93101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1612.00
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1612.0	00
Full Name of Individual (Last, First, Middle Planned Parenthood of Orange and San Ber	nardino Counties		Bute of Heodipt
Mailing Address 555 Capitol Mall, Suite 142			09 07 2016
City Sacramento	State CA	Zip Code 95814	Transaction ID : INCA816 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		6656.76
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 13656.7	76
Full Name of Individual (Last, First, Middle Planned Parenthood of Orange and San E			nd PAC Date of Receipt
Mailing Address 555 Capitol Mall, Suite 142	25		09 07 2016
City	State	Zip Code	Transaction ID : INCA815
Sacramento	CA	95814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		7000.00

FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 13656.76 Other (specify) 15268.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... FEC Schedule A (Form 3X) Rev. 06/2016

TOTAL This Period (last page this line number only).....

	F	FOR LINE NUMBER: PAGE 8 OF 17										
Use separate schedule(s)		(check only one)										
for each category of the Detailed Summary Page			11a		11b	X	11c		12			
			13		14		15		16		17	
not be sold or used by any pedress of any political committee												_

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Vote Planned Parenthood Northern CA, a project of Planned Parenthood No. CA Action Fund Date of Receipt Mailing Address 555 Capitol Mall, Suite 1425 01 2016 City Zip Code State Transaction ID: INCA814 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing C 3919.17 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 10919.17 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Vote Planned Parenthood Northern CA, a project of Planned Parenthood No. CA Action Fund Date of Receipt Mailing Address 555 Capitol Mall, Suite 1425 09 2016 City State Zip Code Transaction ID: INCA813 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing 7000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 10919.17 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 10919.17 SUBTOTAL of Receipts This Page (optional)..... 26187.93

		R LINE			:	PAGE	9	OF	17
Use separate schedule(s) for each category of the	(che	ck only	or	ne)		,			
Detailed Summary Page		11a		11b		11c	12		
, 3		13		14		15	16	,	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Planned Parenthood Affiliates of California Date of Receipt Mailing Address 555 Capitol Mall, Suite 510 29 2016 City Zip Code State Transaction ID: INCA824 CA Sacramento 95814 Amount of Each Receipt this Period FEC ID number of contributing 6000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Refund of Payment made in error Receipt For: Aggregate Year-to-Date ▼ Primary General 6000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 6000.00 SUBTOTAL of Receipts This Page (optional)..... 6000.00 TOTAL This Period (last page this line number only).....

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of selecting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such nominities. Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of selecting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full)	SCHEDULE B (FEC Form 3X)	Use separa	ate schedule(s)	FOR LINE I	E NUMBER: PAGE 10 OF 17				
ANALE OF COMMITTEE (in Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California Full Name (Last, First, Middle Initial) A. Planned Parenthood Affiliates of California Full Name (Last, First, Middle Initial) City Cardidate Name Office Sought: House Disbursement For: Sacramento Primary General Office Sought: House Disbursement For: City Sacramento Category Disbursement State: District: House Disbursement For: Category Type Office Sought: House Disbursement For: Ca	ITEMIZED DISBURSEMENTS	for each ca Detailed Su	ategory of the ummary Page	21b 28a	22 23 26 27 28b 28c x 29 30b				
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California Full Name (Last, First, Middle Initial) A. Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City Sacramento Purpose of Disbursement Staff Time - Non Federal Activity Candidate Name Disbursement For: Sacramento Purpose of Disbursement Staff Time - Non Federal Activity Candidate Name Disbursement For: Sacramento Purpose of Disbursement Staff Time - Non Federal Activity Candidate Name Disbursement For: Sacramento Purpose of Disbursement Staff Time - Non Federal Activity Candidate Name Disbursement Disbursement Staff Time - Non Federal Activity Candidate Name Disbursement For: Sacramento Purpose of Disbursement Staff Time - Non Federal Activity Candidate Name Disbursement For: Senate President Disbursement Data - Non Federal Activity Candidate Name Disbursement For: Senate Primary Qeneral Disbursement For: Senate Primary Quite of Disbursement For: Tanasction ID: EXPB809 Amount of Each Disbursement For: Tanasction ID: EXPB809 Amount of Each Disbursement For: Tanasction ID: EXPB809 Amount of Each Disbursement For: Tan									
A Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City Sacramento Category State Septe Mall, Suite 510 City Sacramento Category Septe Mall, Suite 510 City Candidate Name Office Sought: House Senate President State: District. Full Name (Last, First, Middle Initial) B. Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City Sacramento Cher (specify) Office Sought: House Senate President State: District. Full Name (Last, First, Middle Initial) Composed of Disbursement State Time - Non Federal Activity Candidate Name Office Sought: House Disbursement For: Senate President State: District. Full Name (Last, First, Middle Initial) Composed of Disbursement State State: District. Full Name (Last, First, Middle Initial) Composed of Disbursement State State: District. Full Name (Last, First, Middle Initial) Composed Of Disbursement State State: District. Full Name (Last, First, Middle Initial) Composed Of Disbursement State State: District. Full Name (Last, First, Middle Initial) Composed Of Disbursement State State: District. Full Name (Last, First, Middle Initial) Composed Of Disbursement State State: District. Full Name (Last, First, Middle Initial) Composed Of Disbursement State	NAME OF COMMITTEE (In Full) Protecting Choice in California, a p								
City Sacramento Purpose of Disbursement Staff Time - Non Federal Activity Candidate Name Office Sought: House Senate Prisedent State: District: Full Name (Last, First, Middle Initial) B. Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City Senate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) City Sacramento CA 95814 Purpose of Disbursement Staff Time - Non Federal Activity Candidate Name Office Sought: House President Other (specify) State: District: Full Name (Last, First, Middle Initial) City Sacramento CA 95814 Purpose of Disbursement Staff Time - Non Federal Activity Candidate Name Office Sought: House President Other (specify) State: District: Full Name (Last, First, Middle Initial) Category' Type Office Sought: Gategory' Type Office Sought: Senate Primary General Category' Type Office Sought: Disbursement Category' Type Office Sought: Primary General Category' Type Office Sought: Date - Non Federal Activity Candidate Name Office Sought: Senate Primary General Category' Type Office Sought: House Senate Primary General Categor		alifornia			M M / D D / Y Y Y				
Sacramento Purpose of Disbursement Staff Time - Non Federal Activity Candidate Name Office Sought:	Mailing Address 555 Capitol Mall, Suite 510				07 06 2016				
State President Primary General State Primary General State Primary General Sacramento Primary General Sacramento Primary General State President Primary General Sacramento Sacramento Sacramento Sacramento Primary General State President Primary General State President Primary General Sacramento Sacramento Sacramento Primary General Sacramento President Primary General Sacramento President Primary General Sacramento President Primary General State President Primary General State President Primary General Sacramento President Primary General Sacramento President Primary General Sacramento Primary General Sacrame	-		•		FEC Identification Number				
Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item B. Planned Parenthood Affiliates of California Date of Disbursement Disburseme	Staff Time - Non Federal Activity				Transaction ID : EXPB841				
State: District: Full Name (Last, First, Middle Initial) B. Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City Sacramento Purpose of Disbursement Staff Time - Non Federal Activity Candidate Name District: Full Name (Last, First, Middle Initial) C. Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City Sacramento President State: District: Full Name (Last, First, Middle Initial) C. Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City Sacramento Purpose of Disbursement State: District: Full Name (Last, First, Middle Initial) C. Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City Sacramento Purpose of Disbursement Data of Disbursement Office Sought: House Primary General Other (specify) Category/ Type Office Sought: House Primary General Other (specify) Memo Item FEC Identification Number FEC Identification Number Category/ Type FEC Identification Number Category/ Type FEC Identification Number Office Sought: House Disbursement For: Corransaction ID: EXPB809 Amount of Each Disbursement Ins Perio Transaction ID: EXPB809 Amount of Each Disbursement Ins Perio Transaction ID: EXPB809 Amount of Each Disbursement Ins Perio Transaction ID: EXPB809 Amount of Each Disbursement Ins Perio Transaction ID: EXPB809 Amount of Each Disbursement Ins Perio Transaction ID: EXPB809 Amount of Each Disbursement Ins Perio Transaction ID: EXPB809 Amount of Each Disbursement Ins Perio Type 6000.00 FEC Identification Number Category/ Type Memo Item	Office Sought: House Disbursen		General						
B. Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510		Other (specif	y) ▼		Memo Item				
City Sacramento Purpose of Disbursement Staff Time - Non Federal Activity Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City Sacramento Purpose of Disbursement Data - Non Federal Activity Candidate Name Office Sought: House Disbursement Data - Non Federal Activity Candidate Name Office Sought: House Disbursement Data - Non Federal Activity Candidate Name Office Sought: House Disbursement For: Senate Primary General Data - Non Federal Activity Candidate Name Office Sought: House Disbursement For: Senate Primary General District: Substate: District: FEC Identification Number FEC Identification Number FEC Identification Number FEC Identification Number Type Memo Item FEC Identification Number FEC Identification Number Office Sought: House Disbursement For: Senate Primary General District: Substate: District: Add Science Identification Number FEC Identifica		alifornia							
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Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code Sacramento Purpose of Disbursement CA 95814 Purpose of Disbursement Data - Non Federal Activity Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item Transaction ID: EXPB809 Amount of Each Disbursement this Perio Transaction ID: EXPB809 Amount of Each Disbursement this Perio Memo Item Substitute: District: Substitute: Disbursements This Page (optional)	Sacramento Purpose of Disbursement		•	011	C				
State: District: Other (specify) Full Name (Last, First, Middle Initial) C. Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City Sacramento Purpose of Disbursement Data - Non Federal Activity Candidate Name Office Sought: House Primary General Other (specify) Disbursement For: Senate Primary General Other (specify) State: District: Memo Item Memo Item Memo Item Substitute: District: Memo Item 6464.62		Туре			Amount of Each Disbursement this Period				
C. Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510	Senate President	Primary							
Mailing Address 555 Capitol Mall, Suite 510 City Sacramento Purpose of Disbursement Data - Non Federal Activity Candidate Name Office Sought: House Senate President President State: District: Subtrotal of Disbursements This Page (optional)	•	alifornia							
Sacramento Purpose of Disbursement Data - Non Federal Activity Candidate Name Office Sought: House Senate President President State: District: CA 95814 Other (specify) Transaction ID: EXPB809 Amount of Each Disbursement this Perio General Other (specify) Memo Item 6464.62	Mailing Address 555 Capitol Mall, Suite 510								
Data - Non Federal Activity Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Substrict: Memo Item Category/ Type Memo Item	Sacramento		•						
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ SUBTOTAL of Disbursements This Page (optional)	Data - Non Federal Activity			Category/					
State: District: SUBTOTAL of Disbursements This Page (optional)	Senate	Primary		71					
SAFA 62	State: District:				Metho Ifelii				
TOTAL This Period (last page this line number only)					6464.62 6464.62				

NAME OF COMMITTEE (In Full)

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 11 OF FOR L (check

LINE NUMBER:		
only one)		9
	X	10

Protecting Choice in California, a proj	ect of Pla	anned Parenthood A	Affiliates of California
A. Full Name (Last, First, Middle Initial) of Debtor			Nature of Debt (Purpose): Staff Time & Website for Voter Guide; 4/1 -
Planned Parenthood Affiliates of	5/18		
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	
Outstanding Balance Beginning This Period	Transaction ID : PAYD734		
18.49			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00		18.49	0.00
B. Full Name (Last, First, Middle Initial) of Debtor of Planned Parenthood Affiliates of		a	Nature of Debt (Purpose): Staff Time & Website for Voter Guide; 4/1 - 5/18
Mailing Address 555 Capitol Mall, Suite 510			
City	State	Zip Code	-
Sacramento	CA	95814	
Outstanding Balance Beginning This Period			Transaction ID : PAYD735
267.29			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00		267.29	0.00
C. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of		ia	Nature of Debt (Purpose): Staff Time & Website for Voter Guide; 5/19/16 - 6/30/16
Mailing Address 555 Capitol Mall, Suite 510			
City Sacramento	State CA	Zip Code 95814	
Outstanding Balance Beginning This Period	•	•	Transaction ID : PAYD769
775.87			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00		774.67	1.20
1) SUBTOTALS This Period This Page (optional)		>	1.20
2) TOTALS This Period (last page this line number of	only)	>	
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page o	only) ▶	7 7
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summa	ary Page (last page only) ▶	

NAME OF COMMITTEE (In Full)

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 12 OF **FOR** (chec

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k only one)		9
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Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Staff Time - Non Federal Activity Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 State Zip Code Sacramento CA 95814 **Transaction ID: PAYD758** Outstanding Balance Beginning This Period 63.84 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 63.84 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Staff Time & Website for Voter Guide; 5/19/16 Planned Parenthood Affiliates of California - 6/30/16 Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code Sacramento 95814 CA Outstanding Balance Beginning This Period Transaction ID: PAYD770 85.02 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 52.36 32.66 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Website & Voter Guide Various Unitemized Planned Parenthood Affiliates of California Candidates Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code CA 95814 Sacramento Outstanding Balance Beginning This Period Transaction ID: PAYD796 42.80 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 42.80 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 13 OF
FOR LINE NUMBER:
(check only one)

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17

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Data: To be allocated in subsequent period Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 State Zip Code Sacramento CA 95814 Transaction ID: PAYD833 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 468.75 468.75 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary Contribution to Planned Planned Parenthood Affiliates of California Parenthood Northern California Action Fund, ID #C90014242 Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code Sacramento 95814 CA Outstanding Balance Beginning This Period Transaction ID: PAYD834 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 449.18 449.18 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary contribution to We Vote -Planned Parenthood Affiliates of California Nosotros Votomas - PPAMM Committee, ID #C00527226 Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code CA 95814 Sacramento Outstanding Balance Beginning This Period Transaction ID: PAYD835 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 935.47 0.00 935.47 1853.40 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 14 OF 17
FOR LINE NUMBER:
(check only one)

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	ME OF COMMITTEE (In Full) rotecting Choice in California, a proje	ect of Plar	nned Parenthoo	od Affiliates of	California	
	A. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		Nature of De	ebt (Purpose):	
	Planned Parenthood Affiliates of California				Non Monetary Donation to Planned Parenthood Central Coast Action Fund, ID #C90006701	
	Mailing Address 555 Capitol Mall, Suite 510			"0000070	#63000701	
Ī	City	State	Zip Code			
	Sacramento	CA	95814			
	Outstanding Balance Beginning This Period		Transactio	on ID : PAYD836		
	0.00					
	Amount Incurred This Period	Payr	ment This Period	Outstandin	g Balance at Close of This Period	
	156.11		0.00)	156.11	
ŀ	B. Full Name (Last, First, Middle Initial) of Debtor of	r Creditor		Nature of De	ebt (Purpose):	
	Planned Parenthood Affiliates of California			Non Moneta	ry contribution to Planned Advocacy Project of Los Angeles	
Ī	Mailing Address 555 Capitol Mall, Suite 510			County ID #	C90006149	
ŀ	City	State	Zip Code			
	Sacramento	CA	95814			
	Outstanding Balance Beginning This Period 0.00			Transacti	on ID : PAYD837	
	Amount Incurred This Period	Payr	ment This Period	Outstandin	g Balance at Close of This Period	
	572.08	-	0.00		572.08	
	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510			Non Moneta	ebt (Purpose): ary Contribution to Planned Pasadena and San Gabriel Valley	
	, ·					
	City Sacramento	State CA	Zip Code 95814			
	Outstanding Balance Beginning This Period 0.00			Transacti	on ID : PAYD838	
	Amount Incurred This Period	Payr	ment This Period	Outstandin	g Balance at Close of This Period	
	146.29		0.00)	146.29	
1)	SUBTOTALS This Period This Page (optional)				874.48	
2)	TOTALS This Period (last page this line number or	nly)		. •	7	
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)		7	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶					7 7 7	

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 15 OF 17 FOR LINE NUMBER: (check only one)

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			10			
NAME OF COMMITTEE (In Full) Protecting Choice in California, a p	oroject of Pla	anned Parenthoo	d Affiliates of California			
A. Full Name (Last, First, Middle Initial) of De	ebtor or Creditor		Nature of Debt (Purpose):			
Planned Parenthood Affiliate	Non Monetary contribution to Planned Parenthood Action Fund of the Pacific Southwest, ID #C900011412					
Mailing Address 555 Capitol Mall, Suite 510						
City	State	Zip Code	-			
Sacramento	CA	95814				
Outstanding Balance Beginning This Period			Transaction ID : PAYD839			
0.00			Outstanding Balance at Close of This Period			
Amount Incurred This Period	Pa	yment This Period				
558.18		0.00	558.18			
B. Full Name (Last, First, Middle Initial) of Del	otor or Creditor		Nature of Debt (Purpose):			
Planned Parenthood Affiliates	of California	a	Non Monetary cont. to Planned Parenthood Orange & San Bernardino Counties Action			
Mailing Address 555 Capitol Mall, Suite 510			Fund ID #C90012139			
City	State	Zip Code				
Sacramento	CA	95814				
Outstanding Balance Beginning This Period			Transaction ID : PAYD840			
0.00						
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period			
463.96		0.00	463.96			
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):			
Mailing Address						
City	State	Zip Code				
Outstanding Balance Beginning This Period						
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period			
	7					
SUBTOTALS This Period This Page (optional)	l)		1022.14			
2) TOTALS This Period (last page this line num	•		2000.00			
, , , , , , , , , , , , , , , , , , , ,	ber only)		0020.00			
2) TOTAL OUTSTANDING LOAMS from School			0.00			
3) TOTAL OUTSTANDING LOANS from Schedu4) ADD 2) and 3) and carry forward to appropri	ule C (last page o	only)	0.00			

Signature

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES				PAGE 16 OF 17
				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Protecting Choice in California, a proje	act of Dlanr	and Darenthood	1	FEC IDENTIFICATION NUMBER ▼
Affiliates of California		Teu Faichtilood	·	C C00556860
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Planned Parenthood Affiliates of Californ	nia	☐ Memo	Item Date	e of Public Distribution/Dissemination
Mailing Address 555 Capitol Mall, Suite 510			Amo	04 29 2016 ount
City	State	Zin Codo	— г	18.49
City Sacramento	CA	Zip Code 95814		nsaction ID : PDTE86 e of Disbursement or Obligation
Purpose of Expenditure Staff Time & Website for Voter Guide; 4/1/ - 5/18		Category/ Type 24E		07
Name of Federal Candidate:		✗ Support	Office Sou	ght: House District:
Masto, Catherine Cortez, , ,		Oppose		ident Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		513.35	Disburseme 2016	ent For: x Primary General Other (specify) ▶
Full Name of Payee Planned Parenthood Affiliates of California Date of Public Distribution/Dissemina Memo Item O4 O4 O4 O4 O4 O4 O4 O4 O4 O				
Mailing Address 555 Capitol Mall, Suite 510			Amo	ount
City	State	Zip Code		267.29
Sacramento	CA	95814		Insaction ID : PDTE87 e of Disbursement or Obligation
Purpose of Expenditure Staff Time for Voter Guide 4/1 - 5/18; no candidate \$200	exceeds	Category/ Type 24E		07 06 7 2016
Name of Federal Candidate:		x Support	Office Sou	ght: House District:
candidates, Multiple, , ,		Oppose	Pres	ident Senate State:
Calendar Year-To-Date Per Election for Office Sought		0.00	Disburseme 2016	ent For: x Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· [285.78
(a) SUBTOTAL of Unitemized Independent Expenditur	es		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		• •
Sandoval, Ana, , ,	[Electronically File	[ed] Date	M M M	14 2016

Signature

ITEMIZED INDEPENDENT EXPENDITURES			DAOE 47 OF 47	
TEMIZED INDEI ENDERT EXTENDITORES			PAGE 17 OF 17 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼	
Protecting Choice in California, a projection	ect of Planr	ned Parenthood		
Affiliates of California			G 00000000	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	
Full Name of Payee Planned Parenthood Affiliates of Californ	nia	☐ Memo	M M / D _D / Y Y Y Y	
Mailing Address 555 Capitol Mall, Suite 510			05	
City	State	Zip Code	774.67	
Sacramento	CA	95814	Transaction ID : PDTE92 Date of Disbursement or Obligation	
Purpose of Expenditure Staff Time & Website for Voter Guide; 5/19 - 6/30		Category/ Type 24E	M M / D D / Y Y Y Y	
Name of Federal Candidate:		X Support	Office Sought: House District:	
Clinton, Hillary, , ,		Oppose	resident Senate State:	
Calendar Year-To-Date Per Election for Office Sought	7 1 4	1211.75	Disbursement For: ✓ Primary General 2016 Other (specify) ✓	
Full Name of Payee Planned Parenthood Affiliates of California Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination 05 19 2016				
Mailing Address 555 Capitol Mall, Suite 510	Amount			
City	State	Zip Code	52.36	
Sacramento	CA	95814	Transaction ID : PDTE93 Date of Disbursement or Obligation	
Purpose of Expenditure Staff Time & Website for Voter Guide; 5/19 - 6/30		Category/ Type 24E	M M / D D / Y Y Y Y	
Name of Federal Candidate:		X Support	Office Sought: House District:	
Masto, Catherine Cortez, , ,		Oppose	President Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought	7	513.35	Disbursement For: ✓ Primary General 2016 Other (specify) ✓	
(a) SUBTOTAL of Itemized Independent Expenditures			▶ 827.03	
(a) SUBTOTAL of Unitemized Independent Expenditures				
(a) TOTAL Independent Expenditures			1112.81	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•	• • • • • • • • • • • • • • • • • • • •	
Sandoval, Ana, , ,	Electronically Fil	[ed] Date	e 10 14 2016	
0:				